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Bib Data Sheet

CONFIRMATION NO. 4561

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/709,486 | <b>FILING DATE</b><br>11/13/2000<br><b>RULE</b> | <b>CLASS</b><br>707 | <b>GROUP ART UNIT</b><br>2171 | <b>ATTORNEY DOCKET NO.</b><br>424992000300 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

THIS APPLN CLAIMS BENEFIT OF 60/164,723 11/12/1999  
AND CLAIMS BENEFIT OF 60/165,643 11/15/1999  
AND CLAIMS BENEFIT OF 60/165,651 11/15/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\***  
\*\* 03/12/2001

|  |                                      |                            |                           |                                |
|--|--------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY NOT PROVIDED</b> | <b>SHEETS DRAWING</b><br>9 | <b>TOTAL CLAIMS</b><br>20 | <b>INDEPENDENT CLAIMS</b><br>6 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                      |                            |                           |                                |
| Verified and Acknowledged  | Examiner's Signature                 | Initials                   |                           |                                |

**ADDRESS**

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**TITLE**

System, method and recordable medium for uploading documents over a network

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>540 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                   |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                   |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
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